

Indiana Health Informatics Corporation (IHIC)

*July 10, 2008
Meeting Minutes*

Chairman Mitch Roob was absent – Dr Wells called the meeting to order.

The following members were present:

- Brian Bauer
- Chuck Christian
- Jim Edlund MD
- Randy Howard MD
- Roland Gamache (representing Judy Monroe MD)
- J. Marc Overhage MD PhD

Also in attendance were Dr. Jeff Wells of OMPP, John Kansky of IHIE (IHIC staff), and Kim Metzger of Ice-Miller.

John Kansky, as staff of IHIC, began with an update on board education topics. He explained that topic of the life sciences research needs has been deferred to a future meeting since Stan Crosley was unable to attend the July meeting.

Mr. Kansky then proceeded to review the roles and focus areas endorsed by the board at the last meeting.

Three focus areas:

- Data Availability
- Quality and Patient Safety
- Policy

Three primary roles:

- Envisioner and Planner
- Promoter & Advocate of Indiana HIEs
- Educator & Awareness Builder

He then presented 8 “vision scenarios” that had been developed in collaboration with Dr Wells. These included:

1. ePrescribing in Indiana
2. Value-based reimbursement program in Indiana
3. Personal Health Records in Indiana
4. Community Health Record in Indiana
5. Medication Profile Availability
6. Healthcare Analytics Repository
7. Administrative Efficiencies
8. Event Reporting

Each vision was briefly presented. Dr Edlund proposed an additional 9th vision – “clinical information supporting coordination of care”. After discussion, the board used a

multi-vote technique to prioritize the proposed vision scenarios. The resulting vote tally was:

1. ePrescribing in Indiana (0 votes)
2. Value-based reimbursement program in Indiana (14 votes)
3. Personal Health Records in Indiana (5 votes)
4. Community Health Record in Indiana (23 votes)
5. Medication Profile Availability (9 votes)
6. Healthcare Analytics Repository (3 votes)
7. Administrative Efficiencies (0 votes)
8. Event Reporting (3 votes)
9. Clinical Information Supporting Coordination of Care (13 votes)

Based on the prioritization above, Mr. Kansky and Dr Wells were asked to formulate IHIC goals for the top three or four visions and to send these out to the board for feedback prior to the next meeting. The understanding was that these top visions would be where IHIE would begin actively working.

Next, Mr. Kansky raised a few issues related to the kind of work IHIC will take on in the future. The board agreed that IHIC should continue to work toward a state-wide vision and plan in addition to other initiatives being selected. Also, while the board acknowledged that specific requests or targeted project opportunities would likely present themselves, those would be addressed on a case-by-case basis and there was not perceived need at this time to define a process of handling and responding to such opportunities. It was suggested, by Dr Edlund, that it may be appropriate and constructive for the board's to take a formal position on issues that might present themselves without IHIC necessarily having to act to influence or intervene more actively.

Mr. Christian raised the point that most of the Indiana healthcare leaders he encounters remain unaware of the existence of IHIC. In response, he extended an invitation to Dr Wells, and through him to Secretary Roob, to present an overview of IHIC to an event being hosted by the Indiana Chapter of the Health Information and Management Systems Society (HIMSS) in Indianapolis on September 9th.

Several board members made the point that the board could make more progress between meetings if they were given task or documents to feedback on. Mr. Kansky and Dr Wells responded that they would plan to use this approach with the aforementioned goals prior to the September meeting. In order to continue and improve the communication amongst the board, Dr Wells offered to request that the state's IT agency create a SharePoint site so that IHIC board and staff could collaborate and exchange information through a website.

The State-Level HIE Consensus Project (SL-HIE) is sponsored by the Office of the National Coordinator for Health Information Technology (ONC) and led by the American Health Information Management Association (AHIMA) Foundation of

Research and Education (FORE). For the last couple years, in the absence of any state HIE entity (like IHIC), Dr. Overhage has been representing Indiana on the SL-HIE. He raised the issue to the board that IHIC should now selected its own representative. After discussion, Dr Overhage was endorsed by the group as the designated IHIC representative to the SL-HIE.

September meeting originally scheduled for 9/11 was rescheduled to 9/18. Dr Howard offered to host the meeting at Anthem.

Dr. Wells adjourned the meeting.